


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90045 023 \*\*\*150.00

|   |  |   |
|---|--|---|
| <b>DOCUMENT # L80964</b>                                |  |  |
| 1. Entity Name<br>GRAY'S TACKLE AND GUIDE SERVICE, INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>GRAYS TACKLE AND GUIDE SERVICE<br>13019 SORRENTO RD<br>PENSACOLA, FL 32507 | Mailing Address<br>GRAYS TACKLE AND GUIDE SERVICE<br>13019 SORRENTO RD<br>PENSACOLA, FL 32507 |
|---|---|

50004528



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

01152005 Chg-P CR2E034 (10/03)

|   |  |  |
|---|--|--|
| 4. FEI Number<br>59-3017671                               |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required                         |

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br>GRAY, ROBERT L.<br>13019 SORRENTO ROAD<br>PENSACOLA, FL 32507 |  | 7. Name and Address of New Registered Agent<br>Name <b>MARGARET A. GRAY</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>13019 SORRENTO ROAD</b><br>City <b>Pensacola</b> FL <b>32507</b> |  |
|--|--|---|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Margaret A. Gray **MARGARET A. GRAY** **1-17-2005**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution ☐ Added to Fees ☐

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>GRAY, ROBERT L.<br>13019 SORRENTO RD<br>PENSACOLA, FL 32507 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>GRAY, MARGARET A<br>13019 SORRENTO RD<br>PENSACOLA, FL 32507 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P, V<br>MARGARET A. GRAY<br>13019 SORRENTO ROAD<br>PENSACOLA FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret A. Gray **MARGARET A. GRAY Pres.** **1-17-05** **8504922666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #